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ONE HUNDRED FIFTEENTH CONGRESS

# Congress of the United States

## House of Representatives

COMMITTEE ON ENERGY AND COMMERCE
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April 5, 2018

Ms. Susan Gibson
Deputy Assistant Administrator
Diversion Control Division
Drug Enforcement Administration
700 Army Navy Drive
Arlington, VA 22202

Dear Ms. Gibson:

Thank you for appearing before the Subcommittee on Health on February 28, 2018, to testify at the hearing entitled "Combatting the Opioid Crisis: Helping Communities Balance Enforcement and Patient Safety."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on April 19, 2018. Your responses should be mailed to Zack Dareshori, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to zack.dareshori@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,

Michael C. Burgess, M.D.
Chairman
Subcommittee on Health

cc: The Honorable Gene Green, Ranking Member, Subcommittee on Health

Attachment

## Attachment — Additional Questions for the Record

### The Honorable Michael C. Burgess, M.D.

Ms. Gibson, in your testimony, you state that manufacturers and distributors will keep one step ahead of government action by introducing and repackaging new synthetic products that are not listed as controlled substances. The distribution and use of these synthetic opioids have wreaked havoc on our nation's public health, and we have convened this hearing to analyze and develop legislation that will prevent further spread of the opioid epidemic.

1. In what ways can the Special Operations Division Heroin/Fentanyl Task Force Working Group bridge the gaps between agencies so that there's a united enforcement effort to prohibit crafty manufacturers and distributors from exploiting the cracks in our system?

You also state in your testimony that there was an exponential increase in the number of fentanyl reports from 2013 to 2016. This statistic suggests that fentanyl has become more accessible, which implies that trafficking of illegal fentanyl, and other synthetic opioids, has increased.

2. Mr. Katko's bill aims to modernize scheduling guidelines so that your agency can keep up with the rapidly changing nature of synthetic drugs. Can you comment on the importance of working with the Food and Drug Administration in your efforts to discover and schedule these new drugs in a timely manner?

Ms. Gibson, in your testimony, you talk about fentanyl and fentanyl analogues coming into the United States from China to be mixed with heroin and cocaine, or pressed into a pill form. You say, and I quote, "In some cases, traffickers have industrial pill presses shipped into the United States directly from China and operate illegal fentanyl pill press mills domestically."

3. What is the DEA doing to stop pill presses from being used for criminal activity?

I agree that the current pill press proposal – in discussion draft form – needs to be more narrowly tailored. This concept was raised in the President's Commission made this recommendation – it's number 25. The intent of this legislation is to capture criminal practices of pill presses being used to produce counterfeit drugs and not create a burden on legitimate industries.

4. Do you have any creative ways we could do this without causing unnecessary harm on legitimate industries, like over-the-counter products or dietary supplements?

### The Honorable Susan W. Brooks

One commonly referenced method of reducing opioid overdoses is to reduce opioid prescriptions. As you know, a DEA registration is required for practitioners to be able to prescribe controlled substances. I would like to focus my questions today on the importance of prescriber education in reducing the number of prescriptions. I am working on a bill that will require prescribers to complete continuing medical education (CME) prior to receiving a DEA registration.

1. In what ways does DEA monitor prescribing practices? Have there been any changes related to prescribers that DEA has implemented in response to the current opioid epidemic?